

NEW! Adult Co-Rec Kickball Tournament



Come out and have some fun.
Enter as a team or free agent for the
one-day Spring Kickball Tournament.

3 game guarantee plus playoffs.

Registration deadline: Thursday, April 3, 2014.

WHO: Adults age 18+

WHERE: City of Rockville softball fields

WHEN: Saturday, April 26, 2014

FEE: \$350/Team fee, \$40/Free agent fee



www.rockvillemd.gov/recreation/sports • 240-314-8620

Recreation and Parks Department

2014 SPRING CO-REC KICKBALL TOURNAMENT

— Registration Form —

☐ Team Entry (\$350) ☐ Free Agent Entry (\$40)

Team or Free Agent Name: _____

Team Manager Name: _____ Phone (c) _____ (w) _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Team Jersey Color: _____

Teams are responsible for securing their own team shirts.

Payment options: ☐ Cash ☐ Check ☐ Credit Card (Visa/MasterCard only)

Credit Card# _____ - _____ - _____ - _____ Exp. Date: _____

Card Holder: _____ Signature: _____

Make checks payable to City of Rockville, mail to:
111 Maryland Ave, Rockville MD 20850
or fax to 240-314-8659.

Release, Waiver, Assumption of Risk and Consent

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program.

*Signature of Participant/Guardian _____